BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	)	
	)	
	)	
DAVID ELLIOT ALTMAN, M.D.	)	**Case No. 800-2013-001826**
	)	
Physician's and Surgeon's Certificate No. G 34377	)	
	)	
	)	
Respondent	)	
	)	

DECISION AND ORDER

The attached Stipulated Surrender of License and Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on November 27, 2017 **.**

IT IS SO ORDERED November 20, 2017 **.**

MEDICAL BOARD OF CALIFORNIA

By: _____
Kimberly Kirchmeyer
Executive Director

XAVIER BECERRA
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Attorneys for Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **DAVID ELLIOTT ALTMAN, M.D.** **20 Constitution Drive, #B** **Chico, CA 95973-4906** **Physician's and Surgeon's Certificate No. G 34377** Respondent.	Case No. 800-2013-001826 OAH No. 2017030160 **STIPULATED SURRENDER OF LICENSE AND ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Mara Faust, Deputy Attorney General.

2. David Elliott Altman, M.D. (Respondent) is representing himself in this proceeding and has chosen not to exercise his right to be represented by counsel.

3. On or about June 25, 1977, the Board issued Physician's and Surgeon's Certificate No. G 34377 to David Elliott Altman, M.D. (Respondent). The Physician's and Surgeon's

Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2013-001826 and will expire on May 31, 2018, unless renewed.

JURISDICTION

4. Accusation No. 800-2013-001826 was filed before the (Board), and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on December 15, 2016. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2013-001826 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, and understands the charges and allegations in Accusation No. 800-2013-001826. Respondent also has carefully read, and understands the effects of this Stipulated Surrender of License and Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel, at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 800-2013-001826, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation and that those charges constitute cause for discipline.

Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

10. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and surrender, without notice to or participation by Respondent. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Surrender and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Surrender of License and Order, including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Order:

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 34377, issued to Respondent David Elliott Altman, M.D., is surrendered and accepted by the Medical Board of California.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Medical Board of California.

2. Respondent shall lose all rights and privileges as a Physician and Surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2013-001826 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

ACCEPTANCE

I have carefully read the Stipulated Surrender of License and Order. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 09/28/2017

DAVID ELLIOTT ALTMAN, M.D.
Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

Dated: 9/28/2017

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

Mara Faust

MARA FAUST
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2013-001826

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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **David Elliot Altman, M.D.** **20 Constitution Drive, # B** **Chico, CA 95973-4906** **Physician's and Surgeon's Certificate No. G34377,** Respondent.	Case No. 800-2013-001826 **A C C U S A T I O N**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about June 25, 1977, the Board issued Physician's and Surgeon's Certificate No. G34377 to David Elliot Altman, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges and allegations brought herein and will expire on May 31, 2018, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code states:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

"(1) Have his or her license revoked upon order of the board.

"(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

"(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

"(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

"(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

"(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1."

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5. Section 2234 of the Code, states:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"..."

6. Section 2242 of the Code, states, in pertinent part:

"Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct.

"..."

7. Section 2266 of the Code states:

"The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

8. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of patients D.M., W.M., J.G., and J.K., as more particularly alleged hereinafter:

PATIENT D.M.

9. On or about August 11, 2009, patient D.M., a then thirty-four (34) year old female, began receiving treatment from respondent as her primary care physician. Patient D.M. had a history of alcohol abuse. In this initial visit, patient D.M.'s chart contains a very brief note, and no reference to a history or physical examination being conducted. At the conclusion of this visit, respondent prescribed patient D.M. Librium[1] and ordered blood work.

10. On or about August 20, 2009, patient D.M. was seen by respondent for complaints of "back pain." The chart note for this visit contains a very brief note, and no reference to a history or physical examination being conducted. The billing record for this date shows there was an "extended office visit."

11. Between on or about August 11, 2009, and on or about March 15, 2011, patient D.M. received treatment from respondent. Throughout that time, respondent repeatedly prescribed and dispensed Xanax[2] and Vivitrol[3] injections to patient D.M.

12. Between on or about August 11, 2009, and on or about March 15, 2011, patient D.M.'s chart notes are brief, handwritten, and difficult to decipher. Throughout that time, there

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[1] Librium is the brand name for Chlordiazepoxide, a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is a sedative and hypnotic medication of the benzodiazepine class that is used to treat anxiety disorders, symptoms of anxiety, and withdrawal symptoms of acute alcoholism.

[2] Xanax is the brand name for Alprazolam, a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is an anti-anxiety medication in the benzodiazepine family.

[3] Vivitrol is the brand name for Naltrexone, a medication used to reverse the effects of opioids and is used primarily in the management of alcohol dependence and opioid dependence.

is no reference in the patient's chart to a history or physical examination ever being conducted, and no reference to an assessment or plan being conducted or discussed with the patient.

13. Respondent committed gross negligence in his care and treatment of patient D.M. which included, but was not limited to the following:

(a) Paragraphs 9 through 12, above, are hereby incorporated by reference as if fully set forth herein;

(b) Failing to take or document a complete history and physical exam at any point during the treatment of the patient; and

(c) Failing to formulate, document, or discuss an assessment or plan at any point during the treatment of the patient.

PATIENT W.M.

14. On or about August 21, 2007, patient W.M., a then seventy (70) year old male, began receiving treatment from respondent as his primary care physician. In this initial visit, patient W.M.'s chart contains a very brief note, and no reference to a complete history or physical examination being conducted.

15. Between on or about August 21, 2007, through in or around March 2011, patient W.M. received treatment from respondent. Throughout that time, there is no reference in the patient's chart to a complete history or physical examination being conducted.

16. Between in or around March 2011, through in or about March 24, 2013, patient W.M. did not receive treatment from respondent.

17. On or about March 25, 2013, patient W.M. returned for treatment from respondent. Respondent documented that the patient had a history of alcoholism with five (5) years of sobriety, but that three (3) months prior, the patient had undergone a surgery and was prescribed opioids. At this visit, respondent noted that the opioids were "out of control" and the patient had a "terrible craving." Patient W.M.'s chart makes no reference to a complete history or physical examination being conducted. At the completion of this visit, respondent prescribed patient W.M. Xanax. The chart does not reference a plan or reason for this prescription, and does not indicate that respondent discussed the pros and cons of utilizing this medication.

18. On or about March 28, 2013, patient W.M. was seen by respondent. Patient W.M.'s chart makes no reference to a complete history or physical examination being conducted. At this visit, respondent documented a plan to start the patient on Suboxone.[4] There is nothing in the chart to indicate that respondent discussed the pros and cons of utilizing this medication.

19. Between on or about March 25, 2013, through on or about January 15, 2014, patient W.M. received treatment from respondent. Throughout that time, there is no reference in patient W.M.'s chart of a complete history or physical examination ever being conducted, or a CURES[5] database check ever being performed by respondent.

20. Respondent committed gross negligence in his care and treatment of patient W.M. which included, but was not limited to the following:

(a) Paragraphs 14 through 19, above, are hereby incorporated by reference as if fully set forth herein;

(b) Failing to take or document a complete history and physical exam at any point during the treatment of the patient;

(c) Failing to document the reasons for starting or stopping medications, and failing to discuss with the patient the pros and cons of the medications; and

(d) Prescribing benzodiazepines and opioids at the same time without adequate justification.

PATIENT J.G.

21. On or about July 2, 2009, patient J.G., a then twenty-three (23) year old female, began receiving treatment from respondent as her primary care physician. At this initial visit, there is no reference to a history or physical examination being conducted. Patient J.G.'s chart

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[4] Suboxone is a brand name for buprenorphine and naloxone, a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022. Buprenorphine is an opioid medication. Suboxone is used to treat narcotic (opiate) addiction.

[5] CURES is the Controlled Substances Utilization Review and Evaluation System (CURES), a database maintained by the Department of Justice of Schedule II, III and IV controlled substance prescriptions dispensed in California, and serving the public health, regulatory oversight agencies, and law enforcement.

notes, "oxycodone 2 – 80s per wk, snorting – injecting. Heroin at 19 – cocaine, treatment at age 20 and relapsed @ 21 – the to methadone treatment. Went to Dr. Stark – has been on Suboxone 6 months."

22. On or about August 25, 2009, patient J.G. was seen by respondent. Patient J.G.'s chart notes, "Acute CUTTER episode…started age 16."

23. On or about October 15, 2009, patient J.G. was seen by respondent. Patient J.G.'s chart notes, "? Lamictal rash."

24. On or about January 5, 2010, respondent prescribed patient J.G. Xanax while she was also taking Suboxone.

25. Between on or about July 2, 2009, and on or about August 5, 2014, respondent continuously prescribed Suboxone and Xanax to patient J.G. without any record of drug screening.

26. On or about February 25, 2010, patient J.G. was seen by respondent. Patient J.G. had recently become pregnant sometime prior to his visit. There is no reference in the patient's chart to a history or physical examination being conducted at this visit.

27. On or about April 4, 2012, patient revealed that she occasionally took Norco,[6] which was not prescribed to her by respondent. The chart notes do not reference a discussion with patient J.G. about her use of this medication.

28. Between in or around 2009, through in or around 2012, patient D.M.'s chart notes are brief, handwritten, and difficult to decipher. Throughout that time, there is no reference in the patient's chart to a complete history or physical examination ever being conducted, and no reference to an assessment or plan being conducted or discussed with the patient.

29. On or about September 2, 2014, patient J.G.'s chart documents for the first time that a brief physical exam was conducted by respondent.

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[6] Norco is a brand name for Hydrocodone, a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022. This medication is used to treat pain.

30. On or about January 8, 2015, patient J.G. was seen by respondent. At this visit, the patient informed respondent that she took more Xanax than prescribed, ran out of the medication, and had a seizure.

31. On or about January 8, 2015, patient J.G. submitted to a drug test that revealed positive results for Clonazepam[7] and Alprazolam. Patient J.G.'s chart notes do not reference a discussion by respondent with patient J.G. about the positive lab result.

32. On or about January 8, 2015, respondent obtained a CURES report that revealed patient J.G. had been prescribed Hydrocodone by another physician on or about April 7, 2014. Patient J.G.'s chart notes do not reference a discussion by respondent with patient J.G. about the CURES report finding.

33. On or about June 30, 2015, respondent obtained a CURES report that revealed patient J.G. had been prescribed Lorazepam[8] by a different physician on or about April 8, 2015. The chart notes do not reference a discussion by respondent with patient J.G. about the CURES report finding.

34. On or about July 28, 2015, patient J.G. submitted to a drug test that revealed positive results for Clonazepam. Patient J.G.'s chart notes do not reference a discussion by respondent with patient J.G. about the positive lab result.

35. On or about January 21, 2016, patient J.G. submitted to a drug test that revealed positive results for alcohol. Patient J.G.'s chart notes do not reference a discussion by respondent with patient J.G. about the positive lab result.

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[7] Clonazepam is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is an anti-anxiety medication in the benzodiazepine family.

[8] Lorazepam is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. It is an anti-anxiety medication in the benzodiazepine family.

36. On or about February 18, 2016, respondent prescribed patient J.G. Lamictal.[9] There is no reference in patient J.G.'s chart of a discussion by respondent about the patient's prior "Lamictal rash" prior to providing her the new prescription.

37. Respondent committed gross negligence in his care and treatment of patient J.G. which included, but was not limited to the following:

(a) Paragraphs 21 through 36, above, are hereby incorporated by reference as if fully set forth herein;

(b) Failing to take or document a complete history and physical exam at the initiation of treatment, or following significant events throughout the treatment of the patient;

(c) Failing to obtain informed consent or to discuss with the patient the risks of recurrent rash prior to reinitiating Lamictal;

(d) Prescribing benzodiazepines and opioids at the same time without adequate justification;

(e) Failing to discuss with the patient the fact that she was receiving controlled substances from two different physicians at the same time; and

(f) Failing to perform adequate drug testing, and failing to discuss positive results when drug tests were conducted.

PATIENT J.K.

38. On or about June 26, 2009, patient J.K., a then twenty-three (23) year old female, began receiving treatment from respondent for pain and opiate dependence. Patient J.K. had a history of excessive use of hydrocodone she received post-operatively from a spine surgery. At that time, patient J.K. was receiving treatment from another physician as her primary care physician. At this initial visit, patient J.K.'s chart makes no reference to a history or physical examination being conducted.

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[9] Lamictal is an anticonvulsant drug used in the treatment of epilepsy and bipolar disorder.

39. From on or about June 26, 2009, to on or about March 1, 2012, patient J.K. received treatment from respondent. Throughout that time, patient J.K.'s chart notes are brief, handwritten, and difficult to decipher. There is no reference to a complete history or physical examination ever being conducted, and no reference to an assessment or plan being conducted or discussed with the patient.

40. On or about May 8, 2012, patient J.K.'s chart documents for the first time that a brief physical exam was conducted by respondent.

41. Between on or about June 26, 2009, through on or about March 20, 2014, patient J.K. received treatment from respondent. During that time frame, patient J.K. submitted to only two drug tests.

42. On or about June 29, 2009, patient J.K. submitted to a drug test that revealed positive results for THC.[10] The chart notes do not reference a discussion by respondent with patient J.K. about the positive lab result.

43. On or about November 3, 2011, respondent obtained a CURES report that revealed patient J.K. had been prescribed controlled substances by other physicians between on or about November 3, 2010 and on or about November 3, 2011. Patient J.K.'s chart notes make no reference to the other prescriptions the patient was receiving, and no reference to a discussion by respondent with patient J.K. about the CURES report finding.

44. On or about January 18, 2012, respondent obtained a CURES report that revealed patient J.K. had been prescribed controlled substances by other physicians between on or about January 18, 2011, and on or about January 18, 2012. Patient J.K.'s chart notes make no reference to the other prescriptions the patient was receiving, and no reference to a discussion by respondent with patient J.K. about the CURES report finding.

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[10] Tetrahydrocannabinol (THC), is one of many compounds found in the resin secreted by glands of the marijuana plant, and is a Schedule I controlled substance pursuant to Health and Safety Code section 11054, subdivision (d).

45. On or about November 20, 2012, patient J.K. submitted to a drug test that revealed positive results for THC. The chart notes do not reference a discussion by respondent with patient J.K. about the positive lab result.

46. On or about July 22, 2014, respondent obtained a CURES report that revealed patient J.K. had been prescribed controlled substances by other physicians between on or about July 22, 2013, and on or about July 22, 2014. Patient J.K.'s chart notes make no reference to the other prescriptions the patient was receiving, and no reference to a discussion by respondent with patient J.K. about the CURES report finding.

47. Respondent committed gross negligence in his care and treatment of patient J.K. which included, but was not limited to the following:

(a) Paragraphs 38 through 46, above, are hereby incorporated by reference as if fully set forth herein;

(b) Failing to take or document a complete history and physical exam at the initiation of treatment, or throughout much of the treatment of the patient;

(c) Failing to note in the patient's chart that she was receiving other medications from other prescribers, while respondent prescribed controlled substances to the patient; and

(d) Failing to perform adequate drug testing.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

48. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of patients D.M., W.M., J.G., and J.K., as more particularly alleged hereinafter:

(a) Paragraphs 8 through 47, above, are hereby incorporated by reference and re-alleged as if fully set forth herein; and

(b) Failing to periodically search the CURES database while prescribing controlled substances to patient W.M.

THIRD CAUSE FOR DISCIPLINE

(Furnishing Dangerous Drugs Without Exam)

49. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2242, of the Code, in that he prescribed, dispensed, or furnished dangerous drugs without an appropriate prior examination and medical indication relating to his care and treatment of patients D.M., W.M., J.G., and J.K., as more particularly alleged in paragraphs 8 through 47 above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

50. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records relating to his care and treatment of patient D.M., W.M., J.G., and J.K., as more particularly alleged in paragraphs 8 through 47 above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

DISCIPLINARY CONSIDERATIONS

To determine the degree of discipline, if any, to be imposed on respondent, complainant alleges that on or about May 18, 2012, in Case No. 02-2008-194793, the Board placed respondent on probation for three (3) years, subject to various terms and conditions, for committing Gross Negligence, in violation of Business and Professions Code sections 2234, subdivision (b), and General Unprofessional Conduct, in violation of Business and Professions Code sections 2234.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate No. G34377, issued to respondent David Elliot Altman, M.D.;

2. Revoking, suspending, or denying approval of respondent David Elliot Altman, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;

3. Ordering respondent David Elliot Altman, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: December 15, 2016

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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